

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

STEPHANIE LYNN FORD

CIVIL ACTION NO.

06-301 (KAJ)

PLAINTIFF,

V.

CHRISTIANA CARE HEALTH SYSTEMS

MR. RICHARD BURTON

MRS. CLARA CLARK

DEFENDANTS

CERTIFIED RETURN RECEIPT  
FOR SERVICE OF COMPLAINT

Stephanie L. Ford  
19 ALBANY AVE.  
NEWCASTLE, DE  
19720  
1-28-06

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MRS. CLARA CLARK  
CHRISTIANA CARE  
HEALTH SYSTEMS  
200 HYGEIA DRIVE  
NEWARK, DE. 19713

2. Article Number  
(Transfer from se

7006 0810 0000 1604 0351

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Cauffman

☐ Agent☐ Addressee

B. Received by (Printed Name)

M. Cauffman

C. Date of Delivery

6/6/06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHRISTIANA CARE  
HEALTH SYSTEMS  
200 HYGEIA DRIVE  
NEWARK, DELAWARE  
19713

2. Article Number  
(Transfer from se

7006 0810 0000 1604 0382

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Cauffman

☐ Agent☐ Addressee

B. Received by (Printed Name)

M. Cauffman

C. Date of Delivery

6/6/06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

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1. Article Addressed to:

MR. RICHARD BURTON  
CHRISTIANA CARE  
HEALTH SYSTEMS  
200 HYGEIA DRIVE  
NEWARK, DELAWARE  
19713

2. Article Number

7006 0810 0000 1604 0368

A. Signature

X M. Cauffman

☐ Agent☐ Addressee

B. Received by (Printed Name)

M. Cauffman

C. Date of Delivery

6/6/06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

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